

71479 U.S. PTO

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	<i>Attorney Docket No.</i>	62-575		
	<i>First Named Inventor</i>	Lin		
	<i>Original Patent Number</i>	5,520,679		
	<i>Original Patent Issue Date (Month/Day/Year)</i>	May 28, 1996		
	<i>Express Mail Label No.</i>			
<b>APPLICATION FOR REISSUE OF:</b> <i>(check applicable box)</i> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent				
<b>APPLICATION ELEMENTS</b> <ul style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (<i>PTO/SB/56</i>) <i>(Submit an original, and a duplicate for fee processing)</i></li> <li>2. <input checked="" type="checkbox"/> Specification and Claims (<i>amended, if appropriate</i>)</li> <li>3. <input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>)</li> <li>4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (<i>original or copy</i>) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i></li> <li>5. Original U.S. Patent           <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Offer to Surrender Original Patent (<i>37 C.F.R. § 1.178</i>) <i>(PTO/SB/53 or PTO/SB/54)</i></li> <li><i>or</i></li> <li><input type="checkbox"/> Ribboned Original Patent Grant</li> <li><input type="checkbox"/> Affidavit / Declaration of Loss (<i>PTO/SB/55</i>)</li> </ul> </li> <li>6. Original U.S. Patent currently assigned?           <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul> <p style="margin-top: 10px;"><i>(If Yes, check applicable box(es))</i></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Written Consent of all Assignees (<i>PTO/SB/53 or 54</i>)</li> <li><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement    <input checked="" type="checkbox"/> Power of Attorney</li> </ul> </li> </ul>		<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>7. <input type="checkbox"/> Foreign Priority Claim (<i>35 U.S.C. 119</i>) <i>(if applicable)</i></li> <li>8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449    <input type="checkbox"/> Copies of IDS Citations</li> <li>9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i></li> <li>10. <input checked="" type="checkbox"/> Small Entity Statement(s)    <input type="checkbox"/> Statement filed in prior application, (<i>PTO/SB/09-12</i>)    <input type="checkbox"/> Status still proper and desired</li> <li>11. <input checked="" type="checkbox"/> Preliminary Amendment</li> <li>12. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>MPEP 503</i>) <i>(Should be specifically itemized)</i></li> <li>13. <input checked="" type="checkbox"/> Other: Request For Transfer of Original Drawings</li> </ul>		
<small>* NOTE FOR ITEMS 1 &amp; 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>				

<b>14. CORRESPONDENCE ADDRESS</b>					
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NAME (Print/Type)	William H. Bolllman	Registration No. (Attorney/Agent)	36,457
Signature			
		Date	May 27, 1998

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>					Docket Number (Optional) 62-575			
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 104	**** 81 = x \$11 = 891			x \$ _____ =		
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 = x \$41 = 287			x \$ _____ =		
				Basic Fee (37 CFR 1.16(h)) \$395				
				Total Filing Fee \$1573		OR \$		
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ _____ =			x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ _____ =			x \$ _____ =	
				Total Additional Fee \$		OR \$		
<p>If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>After any cancelation of claims</p> <p>If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>**** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<input type="checkbox"/>	Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.							
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>06-0115</u> . A duplicate copy of this sheet is enclosed.							
<input checked="" type="checkbox"/>	A check in the amount of \$ <u>1573</u> to cover the filing / additional fee is enclosed.							
May 27, 1998 Date				<u>William H. Bollman</u> Signature of Applicant, Attorney or Agent of Record				
				William H. Bollman Typed or printed name				

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application of  
Lin

Patent No. 5,520,679

Issued: May 28, 1996

For: OPHTHALMIC SURGERY METHOD USING NON-CONTACT SCANNING  
LASER

\* \* \* \* \*  
May 27, 1998

REQUEST FOR TRANSFER OF ORIGINAL DRAWINGS

Hon. Assist. Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

Sir:

It is respectfully requested that the original, formal drawings in Applicant's U.S. Patent No. 5,520,679 issued to Lin, entitled OPHTHALMIC SURGERY METHOD USING NON-CONTACT SCANNING LASER, be transferred to this reissue application.

Please charge any insufficient or missing fee to our Account No. 06-0115, under order No. 62-575.

Respectfully submitted,

Farkas & Manelli, PLLC

By William H. Bollman  
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Customer No. 20736

U.S. Patent and Trademark Office  
REEXAMINATION/REISSUE  
Electronic Case File Contents

The paper reexam or reissue file (including all papers in the file and the file wrapper itself) has been electronically scanned(imaged) in the Central Reexamination Unit (CRU), and an electronic case file has been created. Any member of the public may electronically retrieve and view images, or make any copies desired, of documents from the reexam/reissue file, at the REPS (Reexamination Processing System) terminal in the Public Search Room. The electronic file will be continually updated to include all incoming, outgoing and internal correspondence added to the paper reexam/reissue file.

None of the U.S. patents cited in the reexam/reissue file have been scanned, as copies may be obtained from other sources. An examiner-initialed PTO-1449 form (which should be attached to an Office action following the submission of an IDS) will indicate any U.S. patents that were submitted and considered by the examiner.

This contents sheet is intended to duplicate the CONTENTS listing on the paper file wrapper and reflects the status of the electronic reexam/reissue case file as of the date of the last item listed below.

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APPLICATION UNDER UNITED STATES PATENT LAWS

Invention: OPHTHALMIC SURGERY METHOD USING NON-CONTACT  
SCANNING LASER

Inventor(s): J. T. Lin

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Washington, D.C. 20036-3307

This is a:

- Provisional Application
- Regular Utility Application
- Continuing Application
- PCT National Phase Application
- Design Application
- Reissue Application
- Plant Application

SPECIFICATION